

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214539101			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: STAFFORD HOSPITAL FOUNDATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MW HEALTHCARE REGISTERED AGENT LLC 2300 FALL HILL AVE STE 509 FREDERICKSBURG, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FREDERICKSBURG CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: 06785539</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 2300 FALL HILL AVE STE 509</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FREDERICKSBURG, VA 22401</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: XAVIER RICHARDSON TITLE: PRESIDENT ADDRESS: 2600 MARY WASHINGTON BLVD. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401 </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: top;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: XAVIER RICHARDSON TITLE: PRESIDENT ADDRESS: 2600 MARY WASHINGTON BLVD. CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22401	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	DOUGLAS JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	WILLIAM JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	GLENN KINARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	WALTER KIWALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	CLARK LEMING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	TERENCE MANNION	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	RAVI MATHUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	CHARLES MCDANIEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	GREGORY POSS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBRUG, VA 22401		
NAME:	FRED RANKIN, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
NAME:	XAVIER RICHARDSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		

NAME:	JACK ROWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2600 MARY WASHINGTON BLVD.		
CITY/ST/ZIP/CO:	FREDERICKSBURG, VA 22401		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ XAVIER RICHARDSON	XAVIER RICHARDSON,	8/13/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			